

TUSD 2019-2020 Benefit Rates

Medical Rates

United Healthcare PPO Plan

Coverage Level	Employee Per Pay Period	Employee Monthly Premium	Employee Annual Premium	Employer Annual Premium	Employer Monthly Premium
PPO Employee Only	\$32.12	\$53.53	\$642.36	\$5,866.44	\$488.87
PPO Employee + Spouse	\$380.61	\$634.35	\$7,612.20	\$6,056.16	\$504.68
PPO Employee + Child(ren)	\$335.59	\$559.31	\$6,711.72	\$5,654.88	\$471.24
PPO Employee + Family	\$650.76	\$1,084.61	\$13,015.32	\$6,511.08	\$542.59

United Healthcare HDHP with Health Savings Account

Coverage Level	Employee Per Pay Period	Employee Monthly Premium	Employee Annual Premium	Employer Annual Premium	Employer Monthly Premium
HDHP Employee Only	\$6.00	\$10.00	\$120.00	\$5,875.20	\$489.60
HDHP Employee + Spouse	\$149.63	\$249.37	\$2,992.44	\$9,597.36	\$799.78
HDHP Employee + Child(ren)	\$106.67	\$177.77	\$2,133.24	\$9,257.64	\$771.47
HDHP Employee + Family	\$266.04	\$443.40	\$5,320.80	\$12,664.68	\$1,055.39

If you successfully completed the 2018-2019 Wellness Incentive Program, your rates for the UHC PPO Plan will be reduced by \$300 spread over 20 biweekly paychecks.

If you enrolled into the HDHP, the \$300 wellness credit, will be applied to your HSA with Optum Bank biweekly at \$15.00 for 20 pay periods.

Pharmacy Rates

OptumRx

	PPO Plan		HDHP	
Retail (30 day)	In Network	Out Network	In Network	Out Network
Tier 1	\$0	\$0	0% after ded	0% after ded
Tier 2	\$40	\$40	20% after ded	20% after ded
Tier 3	\$80	\$80	20% after ded	20% after ded
Mail Order (90 day)				
Tier 1	\$0	N/A	0% after ded	N/A
Tier 2	\$80	N/A	20% after ded	N/A
Tier 3	\$160	N/A	20% after ded	N/A

Dental Rates

EDS Pre-Paid Dental Plan

Coverage Level	Per Pay Period	Monthly Premium	Employee Annual Premium
Employee Only	\$5.26	\$8.76	\$105.12
Employee + Spouse	\$10.25	\$17.08	\$204.96
Employee + Child(ren)	\$13.66	\$22.76	\$273.12
Employee + Family	\$15.24	\$25.39	\$304.68

Delta Dental Low Plan

Coverage Level	Per Pay Period	Monthly Premium	Employee Annual Premium
Employee Only	\$14.00	\$23.32	\$279.84
Employee + Spouse	\$33.62	\$56.02	\$672.24
Employee + Child(ren)	\$30.50	\$50.82	\$609.84
Employee + Family	\$48.36	\$80.60	\$967.20

Delta Dental High Plan

Coverage Level	Per Pay Period	Monthly Premium	Employee Annual Premium
Employee Only	\$26.03	\$43.38	\$520.56
Employee + Spouse	\$62.52	\$104.20	\$1,250.40
Employee + Child(ren)	\$56.73	\$94.54	\$1,134.48
Employee + Family	\$89.96	\$149.92	\$1,799.04

Vision Rates

Avesis Advantage Plan

Coverage Level	Per Pay Period	Monthly Premium	Employee Annual Premium
Employee Only	\$3.85	\$6.41	\$76.92
Employee + Spouse	\$6.75	\$11.25	\$135.00
Employee + Child(ren)	\$7.80	\$13.00	\$156.00
Employee + Family	\$10.05	\$16.75	\$201.00

Avesis Discount Plan

Coverage Level	Per Pay Period	Monthly Premium	Employee Annual Premium
Employee Only	\$0	\$0	\$0
Employee + Spouse	\$0	\$0	\$0
Employee + Child(ren)	\$0	\$0	\$0
Employee + Family	\$0	\$0	\$0

Legal Service Rates

Hyatt Legal Plan

Coverage Level	Per Pay Period	Monthly Premium	Employee Annual Premium
Employee Only	\$11.10	\$18.50	\$222.00

Supplemental Life Insurance Rates

Sun Life Financial

Age	Monthly Rate / \$10,000	Age	Monthly Rate / \$10,000
Under 25	\$.57	50-54	\$2.37
25-29	\$.57	55-59	\$4.11
30-34	\$.70	60-64	\$4.60
35-39	\$.76	65-69	\$11.24
40-44	\$1.01	70-74	\$13.41
45-49	\$1.50	75+	\$20.80
Children - All Ages Monthly Rate / 10,000 \$.12			

Short Term Disability Rates

MetLife

The District offers 2 plans through MetLife with elimination periods as follows:

Plan 7/14

For Accident: 7 days

For Illness (includes pregnancy): 14 days

Plan 14/21

For Accident: 14 days

For Illness (includes pregnancy): 21 days

7/14 Plan: Example based on an annual salary of \$30,000

Annual Premium =	Annual earnings * .6667 * .0126923	\$253.97
Biweekly Cost	Annual cost divided by 20 paychecks	\$12.70

14/21 Plan: Example based on an annual salary of \$30,000

Annual Premium =	Annual earnings * .6667 * .0080769833	\$161.62
Biweekly Cost	Annual cost divided by 20 paychecks	\$ 8.08

If you had the 03 plan last year, you will be able to keep it this year, the rates remain the same.

Critical Illness Rates

MetLife

Monthly Premium for \$10,000 of Coverage

Attained Age	Employee	Spouse
<25	\$1.10	\$1.10
25-29	\$1.30	\$1.20
30-34	\$2.20	\$2.00
35-39	\$3.70	\$3.70
40-44	\$6.60	\$6.60
45-49	\$11.40	\$11.70
50-54	\$17.80	\$19.50
55-59	\$27.00	\$31.30
60-64	\$39.80	\$48.70
65-69	\$59.20	\$75.30
70-74	\$86.60	\$108.30
75-79	\$125.80	\$150.10
80-84	\$160.90	\$185.40
85+	\$174.30	\$198.00

Child(ren) (up to age 26)
\$0.70